

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 4 - 0 0 1

2. STATE:

RI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Title XIX of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 175,367

b. FFY 2005 \$ 231,110

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 6 to Attachment 2.6A

Rhode Island (04-001)

*Approved: 05/05/04
effective: 01/01/04*

10. SUBJECT OF AMENDMENT:

Standards for Optional State Supplementary Payments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jane A. Hayward

14. TITLE:

Director

15. DATE SUBMITTED:

3/30/04

16. RETURN TO:

Tim A. Kemmy

RI Dept of Human Services

600 New London Avenue, Bldg. #57

Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

5-5-04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator, DMCH

23. REMARKS:

State: RHODE ISLAND
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

<u>PAYMENT CATEGORY</u>		<u>ADMINISTERED BY</u>		<u>INCOME LEVEL</u>		<u>INCOME DISREGARDS</u>	
						<u>EMPLOYED</u>	
				<u>GROSS</u>		<u>NET</u>	
(Reasonable Classification)	Federal	State	One Person	Couple	One Person	Couple	
(1)	(2)		(3)		(4)		(5)
<u>Institutionalized Individual (ABD)</u>							
A)* Would receive payment if in community		X	\$1,327.70	NA	\$ 621.35	NA	SSI
B) Would not receive payment in community		X	\$1,692.00	NA	* \$ 50.00	NA	SSI
C) Receives payment	X		Under \$50.00	NA	* \$ 50.00	NA	SSI
<u>Community ABD</u>							
A) Living independently (includes domiciliary facilities)	X		\$1,327.70	\$1,994.00	\$ 621.35	\$954.50	SSI
B) Living in home of another	X		\$ 976.88	\$1,470.00	\$ 445.94	\$692.50	SSI
C) Residential Care and Assisted Living	X		\$1,692.00		\$1,139.00		SSI

* Individual with no dependents receives \$50 for personal needs plus insurance premium for Part B. Remaining income is applied to cost of care. When an individual with no income receives a \$30 payment from SSI, the State supplements an additional \$20 to bring his/her personal needs allowance up to \$50.

TN No. 04-001
Supersedes
TN No. 03-001

Approval Date: 5-5-04

Effective Date: 01/01/2004